## EXHIBIT C

Case 06-10725-gwz Doc 8615-3	Intered 07/13/11 13:5	9:41 Page 2 of 8
UNITED STATES BANKRUPTCY COURT P DISTRICT OF NEVADA	ROOF OF CLAIM	
Name of Debtor Case	Number	
USA Commercial Mortgage Company 06-	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE
Name of Creditor and Address.  11321242038966  STERLING DAVID	statement grving particulars  Check box if you have never received any notices	DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT
8170 S EASTERN AVE BOX 4-44 LAS VEGAS NV 89123	from the bankruptcy court or BMC Group in this case  Check box if this address	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.
	differs from the address on the envelope sent to you by the court.	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (782 326-8474	- Court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor INVFSMFNT: FOXHILLS 216, LLC. CLIBY #43	Check here replain or amer	a previously filed claim dated
Goods cold Personal initial/temporal death	ree benefits as defined in 11 U S	
U wag	es, salaries and compensation (	fill out below)
	four digits of your SS #	12/ 1/ 120 1/
2 DATE DEBT WAS INCURRED 01-26-96 - 06-36-06 3	F COURT JUDGMENT, DATE C	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best of See reverse side for important explanations	•	unt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	nur alaum to approved by colletown (mahudung
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim entitled to priority	aim   🛏	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate	- medelot
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  \$ 1311.49	Amount of arrearage a	nd other charges at time case filed included in
Specify the priority of the claim		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10,000)* earned within 180 days		ard purchase lease or rental of property or or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	· ·	vernmental units - 11 U S C § 507(a)(8) agraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5).	* Amounts are subject to adjust	stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ /3/1.49 \$	\$	\$ 1311.49
AT TIME CASE FILED (unsecured)	(secured)	(pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the princ		
6 CREDITS The amount of all payments on this claim has been credited a 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages, security agreen DOCUMENTS If the documents are not available, explain If the documents	s, such as promissory notes, pure nents, and evidence of perfection	chase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim		•
The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, prev for each person or entity (including individuals, partnerships, corpor governmental units)	ailing Pacific time, on Novemb	er 13, 2006 USE ONLY
Attn USACM Claims Docketing Center Attn P O Box 911 1330	IND OR OVERNIGHT DELIVERY TO Group USACM Claims Docketing Cente East Franklin Avenue	FILED IUG   & () ZIIIK
El Segundo, CA 90245-0911 El Se  DATE SIGN and profitte name and title if any of the credit this claim (attach convot power at attorney if a	gundo, CA 90245 tor or other person authorized to file any)	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisorment for u	DAVID BENY STE	1072500689 152 AND 3571

Case 06-107/25-gwz Doc 8615-3PR	<b>QQFeQF/QJ/AIV</b> S 59:41 Page 3 of 8
Case N	lumber 06 - (4725 (4BR)
144 110 01 1501 164	10726 (LBR) 10727 (LBR)
USA CHO THE FIRT DURIN FUN! LC.	(0728 (LBR) (0724 (LBR)
NOTE See Reverse for List of Debtor and Case Numbers	[0724 (LBK)
This form should not be used to make a claim for an administrative expense	Check box if you are aware that anyone else has
arising after the commericemen of the case. A request, for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating to your claim. Attach copy of
Name of Creditor and Address	statement giving particulars
STOEBLING F WILLY 1 RUST 075400958	Check box if you have never received any notices
C/O DAVID ST DEBLING TRUSTFE 3568 E RUSSE LL RD 3TE D	from the bankruptcy court or BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT
LAS VEGAS N / 8912D 2234	Check box if this address ONE OF THE DEBTORS
	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (7(2) 434 - 98c0	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces
	if this claim amends
Coods and	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
	s salaries and compensation (fill out below)  Other claims against servicer (not for loan balances)
Lastic	our digits of your SS # O 9 58 (not for loan balances)  discompensation for services performed from to
	(date) (date)
	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important el planations	
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim on the your claim	Check this box if your claim is secured by collateral (including a right of setoff)
exceeds the value of the property securing it or if c) none or only part of jour claim entitled to priority	Brief description of collateral
UNSECURED PRIORITY CLA M	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$ 100,000 + interest
Specify the priority of the clair i  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225 of deposits toward purchase lease or rental of property or
Wages salanes or commissions (up to \$10,000) earned within 180 days	services for personal family or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(3)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ( )
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ (\infty)	000 00 \$ 100,000 00 \$ 100,000 00+ interes
(unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	- · · · · · · · · · · · · · · · · · · ·
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doluments</u> , running accounts contracts court judgments mortgages security agreeme DOCUMENTS If the documents are not available, explain. If the documents	ints and evidence of perfection of lien DO NOT SEND ORIGINAL
· ·	f your claim enclose a stamped self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ma	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevai for each person or entity (including individuals, partnerships, corporat	ling Pacific time, on November 13, 2006 USE ONLY
	D OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn U	SACM Claims Docketing Center FILED NUV 0 2 2005
	ast Franklin Avenue undo CA 90245
DATE SIGN and print the name and title if any of the credito	r or other person authorized to file
10/31/06 this claim (attach copy of power o attorney if an	
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Name of [	Debtor		the second state of the second	Case No	ımber			
1			and Case Numbers			-		
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admınıstratıv	ve expense may i	be filed pur	suant to 11 USC § 503		filed a proof of claim relating to your claim Attach copy of	FILE	ED OCT 10	2006
Name of	Creditor and	Addres	<b>s</b> 113212410	∩173 <i>4</i>	statement giving particulars			
	THOMAS J K	(ARREN LI	VING TRUST	01704	Check box if you have never received any notices			
	C/O THOMA 20483 POWI		EN SOLE TRUSTEE		from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM	
	BEND OR 9		417414 <b>3</b> 1		Check box if this address	ONE OF THE DE	BTORS	
ļ					differs from the address on the envelope sent to you by the		ready filed a proof of cla t or BMC you do not no	
Creditor Tele	ephone Number	(541) 38	18-4474		court		E IS FOR COURT	
Last four dig	jits of account or	other numb	per by which creditor ident	tifies debtor	Check here repla	ces	. flog alous dates	
	085				if this claim amer		y filed claım dated _	
I —	OR CLAIM			Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted pr	ıncıpal
Goods			onal injury/wrongful death	☐ Wages	salanes and compensation (	(fill out below)	Other claims	against service
Money	es performed	☐ Other	s · (describe briefly)		r digits of your SS #		(not for loan b	alances)
Williey	loaned		(describe bliefly)	Unpaid	compensation for services pe	rformed from	to	(4-4-)
2 DATE DE	BT WAS INCUR	RED		3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date)	(date)
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i	e side for important ED NONPRIORIT	•			SECURED CLAIM			
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	s the value of the pr to priority	operty secur	ing it or if c) none or only pai	rt of your claim is	a right of setoff)  Brief description of	collateral		
	D PRIORITY CL				Real Estate		e 🔲 Other	
	his box if you have a to priority	an unsecure	d claim all or part of which is		Value of Collateral			
Amount	entitled to priority	\$			Amount of arrearage ar	·	at time case filed ii	ncluded in
Specify	the priority of the cl	aım			secured claim if any		<u> </u>	
			USC § 507(a)(1)(A) or (a)(1		Up to \$2 225* of deposits toward			or
before fi	iling of the bankrupt	tcy petition o	\$10 000)* earned within 180 r cessation of the debtors	) days	services for personal family of Taxes or penalties owed to go		- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
business	s whichever is earl	ier 11 U S	C § 507(a)(4)		Other - Specify applicable para			
Contribu	utions to an employ	ee benefit pla	an - 11 U S C § 507(a)(5)		* Amounts are subject to adjust			after
5 TOTAL A	MOUNT OF CLA	VIM \$	A.	\$.50.000	Plus with \$	icea on or aiter the	\$ s	
AT TIME	CASE FILED	_	(unsecured)		secured)	( pnonty)		otal)
☐ Check th	is box if claim incli	udes interes	t or other charges in addition	n to the principal	amount of the claim Attach ite	mized statement of	of all interest or addition	nal charges
6 CREDIT	S The amount o	f all payme	nts on this claim has beer	n credited and o	deducted for the purpose of m	naking this proof	of claim	
7 SUPPOI	RTING DOCUM	MENTS <u>A</u>	ttach copies of supporting	documents, su	uch as promissory notes, pure is, and evidence of perfection	chase orders inv	voices, itemized state	ements of
DOCUM	ENTS If the doc	uments are	e not available explain If	the documents	are voluminous attach a sur	mmary	O SEND ORIGINAL	
proof of c	claim				our claim enclose a stamped		d envelope and copy	of this
ACCEPT for each	ED) so that it is person or entity	actually re	sceived on or before 5 0	0 pm, prevailir	or hand delivered (FAXES N ng Pacific time, on Novembo ns, joint ventures, trusts ar	er 13. 2006	THIS SPACE FOUSE OF	NLY
BY MAIL BMC Gro	nental units) TO				OR OVERNIGHT DELIVERY TO	)		
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P O Box El Segun	x 911 ido CA 90245-09	911		1330 Eas	t Franklin Avenue do, CA 90245	EII '	ED OCT 10	ZUUB
DATE		SIGN and p	onnt the name and title if any	of the creditor o	r other person authorized to file	1 11-		
10/5	6	this c	claim (attach copy of power of	fattorney if any)	6/Landon V.	41		
	<u></u>		" WIIVE	<u> </u>	+ TIM MOSTS ON	160	Minary.	

United Stands Bank Riff (25-6WZ DOC 8615-3	Emgred 07/13/11 13:5941 Pag	age 5 of 8
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	PROOF OF CLAIM
NOTE This form should not be used to make a claim for an administ of the cise. A request for payment of an administrative expense may	istrative expense arising after the commencement	1
Name of Creditor (The person or other entity to whom the debtor owes money or property)  John & Jane Unland	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent c/o Wendy W Smith Jane & John Unland Binder & Malter LLP 2105 Lilac Lane 2775 Park Avenue, Morgan Hill, CA 95037	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	
Santa Clara, CA 95050 , (408) 295-1700  Last four digits of account or other number by which creditor identifies debtor	the court  Check here replaces  If this claim amends a previously filed	This Stact is for Court Usi Only
1 Basis for Claim  ☐ Goods sold Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes Contract Claim  ☐ Other	Retiree benefits as defined in !!  Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service  from	IUSC § III4(a) tion (fill out below)
2 Date debt was incurred 1/23/06	3 If court judgment, date obtained	V,
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations  Unsecured Nonpriority Claim \$ 100,000 00  Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) no only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of when titled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debtor business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan 11 U S C \$ 507(a)(5)  Total Amount of Claim at Time Case Filed  CONTINGENT	Secured Claim  Trelaim or none or  Brief Description of Collateral  Real Estate Motor Ve  Value of Collateral \$  Amount of arrearage and other charge secured claim if any \$  Up to \$2 225* of deposits toward purch or services for personal family or house \$507(a)(7)  Taxes or penalties owed to government and 180  Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/0 with respect to cases commenced on or collaboration.	ces at time case filed included in the case lease or rental of property is chold use - 11 U S C tal units 11 U S C \$ 507(a)(8) of 11 U S C \$ 507(a)()  207 and every 3 years thereafter or after the date of adjustment  * \$100,000 00 +
CONTINGENT Check this box if claim includes interest or other charges in addit	(unsecured) (secured) (pri- lation to the principal amount of the claim Attach i	
6 Credits The amount of all payments on this claim has been commaking this proof of claim 7 Supporting Documents Attach copies of supporting document orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SEND documents are not available explain if the documents are voluming 8 Date Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim.  Date Sign and print the name and table of save of the	THE CONTROL OF THE PURPOSE OF THE PU	THIN STACE IN TURE COURT USE ONLY  LED NOV 0 7 2006  USA CMC
file this claim (attach copy of power of attorne	Tone Unland Care Maland	1072501086

	<u>15-3 Entered 07/13/11</u>	13.59.41 Page 6 01 8
- DISTRICTION NEVADA	PROOF OF CLAIM	
Name of Debtor	ase Number	
	06-10725	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expens arising after the commencement of the case A "request" for payment of a administrative expense may be filed pursuant to 11 U S C § 503	n aware that anyone else has filled a proof of claim relating to	FILED NOV 0 9 2006
Name of Creditor and Address	your claim Attach copy of statement giving particulars	
JENNIFER A. WADE	Check box if you have	
1214 TALL TIMBERS LANE	never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
MARIETTA, GA 30066	Check box if this address differs from the address on the	ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( ) 7719-316-4070	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debt	tor Check here replace or af this claim amend	a previously filed claim dated _
1 BASIS FOR CLAIM	etiree benefits as defined in 11 U S C	§ 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	ages, salaries and compensation (fil	- • • • •
La Services performed La La	ast four digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly) U	npaid compensation for services perf	ormed from to
2 DATE DEBT WAS INCURRED 1-26-06	A 15 COURT HIDOMENT DATE OF	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bes	3 IF COURT JUDGMENT, DATE OF	of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM	is at the diameter and date made
UNSECURED NONPRIORITY CLAIM \$	Charlethea harris	ir claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b) your exceeds the value of the property securing it or if c) none or only part of your c	I Cigiili I	, ooner-or, (
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of c	collateral
Check this box if you have an unser used claim all or part of which is	Real Estate	Motor Vehicle
entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage and	other charges at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Canada Ca
Wages salaries or commissions (up to \$10 000)* earned within 180 days		d purchase lease or rental of property or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor s	Taxes or penalties owed to gove	ernmental units - 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		graph of 11 U S C § 507(a) ( )
		ment on 4/1/07 and every 3 years thereafter ed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	50,000. \$	\$ 50,000.00
(unsecured)	(secured)	( priority) (Total)
Check this box if claim includes interest or other charges in addition to the pr	rincipal amount of the claim. Attach item	ized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS Attach copies of supporting docume	nts, such as promissory notes purch	nase orders invoices itemized statements of
running accounts contracts court judgments mortgages security agre DOCUMENTS If the documents are not available explain. If the docu		
8 DATE-STAMPED COPY To receive an acknowledgment of the fili proof of claim	ing of your claim enclose a stamped	self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pr for each person or entity (including individuals, partnerships, corporated units)	evailing Pacific time, on November	13, 2006 USE ONLY
	HAND OR OVERNIGHT DELIVERY TO	
Attn USACM Claims Docketing Center Att	MC Group in USACM Claims Docketing Center	
P O Box 911 13:	30 East Franklin Avenue Segundo CA 90245	FILED NOV 0 9 2003
	and the second section of the file	
SIGN and print the name and title it any of the cr this claim (attach copy of power of attorney)	JENNIFER A. W	A D C

enalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571



HNUE STALES TO NOT BEING DOC 8615 3 P	ROOF: OF: CLAIM: 9:41 Page 7 of 8
	Number
Name of Debtor  Case  Case	Number
USA CAPITAL	-06-10725 1LBR
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relating to your claim Attach copy of
Name of Creditor and Address	statement giving particulars
WALLS FAMILY TRUST DATED 12/10/97	Check box if you have never received any notices
C/O JOSEPH P WALLS & ELLEN WALLS TRUSTEES 2778 BEDFORD WAY	from the bankruptcy court or BMC Group in this case  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
CARSON CITY NV 89703-4618	Check box if this address differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC, you do not need to file again
Creditor Telephone Number (-175 884 29/8  Last four digits of account or other number by which creditor identifies debtor	THIS GFACE IS TON GOOK! GGE ONE!
See Attacked	Check here replaces or a previously filed claim dated amends
	ee benefits as defined in 11 U S C § 1114(a)  Unremitted principal
Services performed Taxes Last	es, salanes, and compensation (fill out below)  Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) Unpa	aid compensation for services performed from to
2 DATE DEBT WAS INCURRED / /26/200 6  3	(date) (date)  F COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best d	
See reverse side for important explanations  UNSE CURED NONPRIORITY CLAIM \$	SECURED CLAIM
heck this box if a) there is no collateral or lien securing your claim, or b) your claim.	
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	Bnef description of collateral
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$ <u>See AttAched</u>
Amount entitled to priority \$  'specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 2.0	0,000 + \$\$
(unsecured)	(secured) 12.5 % INT(priority) (Total)
	pal amount of the claim Attach itemized statement of all interest or additional charges
<ul> <li>CREDITS The amount of all payments on this claim has been credited an</li> <li>SUPPORTING DOCUMENTS Attach copies of supporting documents.</li> </ul>	nd deducted for the purpose of making this proof of claim such as promissory notes, purchase orders, invoices, itemized statements of
running accounts, contracts, court judgments, mortgages, security agreem DOCUMENTS If the documents are not available, explain. If the documents	ents, and evidence of perfection of lien DO NOT SEND ORIGINAL
1	of your claim, enclose a stamped, self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, preva for each person or entity (including individuals, partnerships, corpora	niling Pacific time, on November 13, 2006 USE ONLY
governmental units) BY MAIL TO BY HA	ND OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn U	Group
P O Box 911 1330 E	East Franklin Avenue FILED 3 2 2006
DATE / SIGN and print the name and title if any of the credition	or or other person authorized to file
this claim (attach copy of power of attorney if a	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up	to 5 years or both 18 U S C §§ 152 AND 3571

	Case	e 06-10725-0WZ - L		<u>ntered 07/13/11-13:5</u>	9:41 Pag	<u>re 8 of 8</u>	
•			PF	ROOF OF CLAIM	· ·		
N	ame of Debtor ·	Branda Salas Salas			167	$\neg$	
IN.		- 1-212/	Case	Number (1/1074	17	- 40	
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Th	I See Reverse for Lis  Is form should not be use	st of Debtors and Case Numb ed to make a claim for an adn	ers	Charleton (		11-1	
an	sing after the commencer	ment of the case A "request	" for navment of an	Check box if you are aware that anyone else has		•	
		be filed pursuant to 11 U S	C § 503	filed a proof of claim relating to your claim. Attach copy of		250 8 5 9	000
	ame of Creditor and	10 10 10 10 10 10 10 10 10 10 10 10 10 1	321241003577	statement giving particulars	REC'L	SEP 8 5 21	û <b>u</b> o
	JANET E ZA		321241003577	Check box if you have			
	9720 VERLA	AINE CT		never received any notices from the bankruptcy court or	DO NOT FILE T	HIS PROOF OF CLAIM F	EOD A
	LAS VEGAS	S NV 89145-8695		BMC Group in this case	SECURED INTE	REST IN A BORROWER	R THAT IS NO
1				Check box if this address differs from the address on the	ONE OF THE DE	eady filed a proof of clair	m with the
C	editor Telephone Number	., .		envelope sent to you by the court	Bankruptcy Cour	t or BMC you do not nee	ed to file agaın
		other number by which cred	litor identifies debtor	Court	THIS SPAC	CE IS FOR COURT U	SE ONLY
	(02	124	intor identifies deptor	Check here replace	a previouel	y filed claim dated	
1	BASIS FOR CLAIM			if this claim amen	ds		
	Goods sold	Personal injury/wrongfi	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted prin	ıcıpal
	Services performed	Taxes	Wages	salaries, and compensation (f	ill out below)	Other claims ag	jainst service
	Money loaned	Other (describe briefly)	١	ur digits of your SS #		(not for loan bala	ances)
			, Unpaid	compensation for services per	formed from	to	
_	DATE DEBT WAS INCUR		3 IF	COURT JUDGMENT, DATE O	BTAINED		(date)
4 (	CLASSIFICATION OF CL See reverse side for important	AIM Check the appropriate b	ox or boxes that best des	cribe your claim and state the amou	int of the claim at	the time case filed	
	ISECURED NONPRIORI			SECURED CLAIM			
	Check this box if a) there is	is no collateral or lien securing vo	our claim or b) your claim	heck this box if yo	ur claım ıs secu	red by collateral (ınclu	ıdıng
	entitied to priority	roperty securing it or if c) none of	or only part of your claim is		n		
III	SECURED PRIORITY CL			Brief description of	_	<del></del>	
	Theck this box if you have a antitled to priority	an unsecured claim all or part of	f which is	Real Estate	Motor Vehicle	Other	
'	Amount entitled to priority		-	Value of Collateral	\$		
	Specify the priority of the cla	aım		Amount of arrearage an secured claim, if any \$	d other charges	at time case filed inc	luded in
		ns under 11 U S C § 507(a)(1)(A	A) or (a)(1)(B)				
П	Wages salaries or commis	ssions (up to \$10 000)* earned v	within 190 days	Up to \$2 225* of deposits towar services for personal family or	d purchase lease household use -1	or rental of property or 1 USC § 507(a)(7)	
	business whichever is earli	tcy petition or cessation of the de ier - 11 U.S.C. § 507(a)(4)	ebtor's	Taxes or penalties owed to gov			
		ee benefit plan - 11 U S C § 50	7(a)(5)	Other - Specify applicable parag			
	OTAL AMOUNT OF OLD		- ^ <u>+</u>	* Amounts are subject to adjust with respect to cases commend	ment on 4/1/07 an ed <b>,o</b> n or after the	ld every 3 years thereafte date of adjustment	ə <b>r</b>
3 1	OTAL AMOUNT OF CLA AT TIME CASE FILED	um \$		4,000\$	$\bigcirc$	\$ (4./	VV
_	Chook this how if alarm in al-	(unsecured)		secured)	(pnonty)	frota	
Ц	Check this box it claim incit	ides interest or other charges ii	n addition to the principa	amount of the claim Attach item	ized statement o	f all interest or additiona	ıl charges
6 (	CREDITS The amount of	f all payments on this claim h	nas been credited and	deducted for the purpose of ma	king this proof o	of claim	<del></del>
,	unning accounts contract	ts court judgments, mortgag	<i>pporting documents,</i> s l <b>es, security agree</b> men	uch as promissory notes, purch ts, and evidence of perfection of	nase orders, inve	DICES, Itemized statem	ents of
		amonto dio not available, ex	brain in the documents	s are voluminous, attach a sum	marv		
	PATE-STAMPED COPY Proof of claim	Y To receive an acknowle	dgment of the filing of	your claim enclose a stamped	self-addressed	envelope and copy of	f this
1	he original of this comp	pleted proof of claim form	must be sent by mail	or hand delivered (FAXES NC	<del>-</del>		
•	TOOLE I LD) SO that it is	actually received on or het	ore 5 00 nm preveilu	sa Daaifia tima, an Nassaulia.	40 0000	THIS SPACE FOR USE ONLY	
ç	overnmental units)	(including individuals, par	πnersnips, corporatio	ons, joint ventures, trusts and		- I N	. 1
E	Y MAIL TO BMC Group	,	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		to led k	Sole
F	Attn USACM Claims Dock P O Box 911	ceting Center	Attn USA	ACM Claims Docketing Center		79 led 1	<b>~</b>
E	l Segundo, CA 90245-09		El Segun	st Franklin Avenue do, CA 90245		7/20/2	and a
DAT		SIGN and print the name and tit this claim (attach copy of	te if any of the creditor o	r other person authorized to file			
	112001	I CO MOT	5 (2m/	/		USA CN	//C
Pena	Ity for presenting fraudulent of	claim is a fine of up to \$500,000	or impresement from	5 years or both 18 U.S.C. && 15		107250000	
-	,g .raaaaioiit t	io a mile of up to \$500 000 f	or impresonment for up to	ວ vears or both 18 U.S.C. && 15	2 AND 2574	. 0, 2000226	,